

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
JOURNAL #	
DATE	
INPUT BY	

EL DORADO COUNTY APPROPRIATION TRANSFER (29125 GOV. CODE)

BUDGET TRANSFER REQUEST

BUDGET TRANSFER #1 - INCREASING TOTAL APPROPRIATIONS, REVENUES, OR FIXED ASSETS REQUIRES BOS APPROVAL

BUDGET TRANSFER #2 - MOVING APPROPRIATIONS or REVENUE BETWEEN CLASSIFICATIONS REQUIRES CAO APPROVAL

Budget Transfer Type:	Transfer 1: BoS Approval
Legistar Number & Date:	25-1827 11/04/25

DOCUMENT TOTAL	\$4,000,000.00
NUMBER OF LINES	2
NET TOTAL	\$0.00

TO BE COMPLETED BY DEPARTMENT	
DEPT NAME	CAO

 DEPARTMENT AUTHORIZATION SIGNATURE AND DATE	
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10/28/2025	PAGE 1 OF 1
DATE	

DEPT CONTACT & EXT.	Alison Winter x6765 
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DIRECTIONS:

- MEMO REQUIRED, IF BOS, INCLUDE A COPY OF THE LEGISTAR MASTER REPORT
- REMOVE THE GREEN COPY AND SUBMIT COMPLETED REQUEST TO THE CHIEF ADMINISTRATIVE OFFICE
- IF BUDGET TRANSFER EXCEEDS 12 LINES, EMAIL EXCEL WORKBOOK TO APINTERFACES AND CAO ANALYST

S F X	Budget Rollup Code	ORG	OBJECT	PROJECT STRING	GL Project	INCREASE OR DECREASE (INC / DEC)	AMOUNT	DESCRIPTION (30 CHARACTERS MAX.)
1	09404	0940000	4500			INC	\$ 2,000,000	INCR SPEC DEPT EXP RIP EXP
2	09V04	0940000	7700			DEC	\$ 2,000,000	DECR CONT RIP EXP
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

_____	DATE
JOE HARN, C.P.A. AUDITOR / CONTROLLER	
_____	DATE
CHIEF ADMINISTRATIVE OFFICE - ANALYST	
_____	DATE
CHIEF ADMINISTRATIVE OFFICER	

APPROVED AND SO ORDERED THAT THE ABOVE TRANSFERS BE MADE (AS REQUESTED OR AMMENDED) AND INCORPORATED IN THE MINUTES OF THIS MEETING OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO

_____	DATE
SIGNATURE: CHAIR, BOARD OF SUPERVISORS	
_____	DATE
ATTEST: CLERK, BOARD OF SUPERVISORS	

MEMO SHEET: BUDGET TRANSFER INFORMATION

Department Name*	CAO	Budget Transfer Type:	Transfer 1: BoS Approval
Clerk*	Alison Winter <i>AW</i>	Document total*	\$ 4,000,000
Contact phone*	x6765		

BUDGET TRANSFER HEADER

Prepared date*	10/28/25	Check Applicable* <input checked="" type="checkbox"/> One Time (after Adopted Budget) <input type="checkbox"/> Continuing (include in the Adopted Budget)
Fiscal year	2025-26	
Short Description* <small>(10 characters)</small>	RIP EXPANS	

Legistar Item Number*	25-1827 11/04/25
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* REQUIRED FIELDS

Project Strings Required	No
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By signing this memo I hereby certify that:
1. information herein is true and accurate to the best of my knowledge, 2. I have been delegated signature authority in accordance with County's policies and procedures and 3. all transfers approved on this journal are in compliance with County policies and procedures and any other relevant governmental regulations.

Authorized signature*

Alison Winter

BUDGET TRANSFER JUSTIFICATION AND DESCRIPTION* (will be scanned into FENIX TCM)

Increasing Special Department Expense appropriations and reducing contingency in the Retiree Health Fund for expansion of the Retirement Incentive Plan.

FOR AUDITOR'S OFFICE USE ONLY

Audit date:	_____	Budget Transfer number:	_____
Audited by:	_____	Interfaced by:	_____
		Processed on:	_____